

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA) PROGRAM:

Offender Treatment Program

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

GRANT AWARD NUMBER: ZO 09 01 0180 **DATE OF SITE VISIT:** 9/15/10

GRANT PERIOD: 10/1/09 – 3/31/10

RECIPIENT/IMPLEMENTING AGENCY: County of Lassen / Health & Human Services

PROJECT DIRECTOR: Lyle Dornon

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Lyle Dornon	Director, AOD	Health & Human Services
Sue Bardovski	Administrative Assistant	Health & Human Services
Anita Harsh`	Supv. Substance Abuse	Health & Human Services
Anita Harsh`	Sub. Abuse Counselor	Health & Human Services
Kearstin Anderson	Personnel Assistant	Health & Human Services

Signature of Program Specialist

Date

Signature of Section Chief

Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

	YES	NO	N/A
1. OPERATIONAL DOCUMENTS			
Review hard copy/verify the ability to access on line:			
• The Cal EMA Recipient Handbook (R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Approved Grant Award Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The RFA/RFP (supersedes the requirement of the R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Program Guidelines (supersedes the requirement of the R.H.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

All documents kept in a binder; the grantee is familiar with the Cal EMA website and is able to access documents from the site.

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

• Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the certificate show:			
○ Bonding company's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Bond number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Description of coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Amount of coverage (50% of allocation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Bond period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Grant award number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Form A, Employee Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Form B, Forgery Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

• Does the project have its CEQA documentation on file?(Ask to view)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Certified Exempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
--	------------	-----------	------------

4. PROOF OF AUTHORITY (R.H. Section 1350)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

5. ORGANIZATIONAL CHART

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the organizational chart. Are all budgeted positions identified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (<i>Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

The project moved across the parking lot to 1400B Chestnut Street. The address on the Project Contact Information is for the Department of Health & Human Services. See Section IV

7. PERSONNEL POLICIES

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project staff have access to written personnel policies as required? [R. H. Section 2130] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do the personnel policies include: | | | |
| ○ Work hours | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Compensation rates including overtime and benefits | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Vacation, sick, and other leave allowances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Hiring and promotional policies | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
 - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
 - Job application ☒ ☐ ☐
 - Resume ☒ ☐ ☐
 - Performance evaluations ☐ ☒ ☐
 - Salary rates ☒ ☐ ☐
 - Benefits ☒ ☐ ☐
 - Current job duties/descriptions ☒ ☐ ☐
 - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

A representative personnel file was reviewed off premises with the personnel assistant at the Human Resources Department.

8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

Time accounting is reflected on a time study.

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
 - Name of individual who approves purchases.
Lyle Dornon, Project Director
 - Name of individual who writes checks.
Taya Harper, Accounts Payable, Auditor's Office
 - Name of individual(s) who signs checks.
Karen Fouch, Auditor

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

YES NO N/A

- Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? ☒ ☐ ☐
- Does the project maintain an accurate inventory log of equipment purchased with grant funds? ☐ ☐ ☒

Comments:

Hard copies of all expenditures are kept manually and also retained electronically in the department's drive.

11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant? ☒ ☐ ☐
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? ☒ ☐ ☐
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? ☒ ☐ ☐
- Is the project up-to-date with the submission of Cal EMA Form 2-201? ☒ ☐ ☐

Comments:

The project will submit a 2-223 for the address change; the approved budget pages cover an 18 month period. This grant period is 10/1/09 to 3/31/10, or a total of 16 months. See Section VI

12. MATCH REQUIREMENTS

- Does the project have a match requirement? ☐ ☐ ☒
- Is the project meeting the match requirement? ☐ ☐ ☐
- Review the supporting documentation to substantiate cash or in-kind match. ☐ ☐ ☐

Comments:

13. EEO POLICY

- Go over EEO checklist. (Separate document) ☒ ☐ ☐

Comments:

The policies are available at the county's Human Resources Department.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

GENERAL

YES NO N/A

14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

☒ ☐ ☐

☐ ☒ ☐

Comments:

I was advised that treatment services could be as long as 18 months. Objective 1 refers to an 18 month funding cycle, and a length of treatment maximum of 12 months. The grant period is 16 months. See Section IV

15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

☒ ☐ ☐

Comments:

We discussed the requirements for the Jobs Data Collection Sheet and the Performance Measurement Tool; the staff is aware of the reporting guidelines.

16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

Statistics are gathered at the time of reporting and are retained in the client's charts. There are sign-in sheets kept of all trainings. The project director reviews the newspaper for arrest information.

17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☐ ☒ ☐

Comments:

The project is operating without a valid Operational Agreement. See Section IV.

18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒ ☐ ☐

Comments:

I met with Samatha Sam who described her duties as those outlined in the grant objectives and activities.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

Grant Number: ZO09 01 0180

SECTION III – AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA)
PROGRAMMATIC REVIEW

YES NO N/A

1. Is the project aware that they must provide Cal EMA with a valid Data Universal Numbering System (DUNS) Number for the implementing agency and not the County's DUNS number?

☒ ☐ ☐

Comments:

2. Is the project aware of the Central Contractor Registry (CCR) requirements?

- ☐ Register with a valid DUNS number; and
☐ Renew CCR registration yearly for the life of the grant.

☒ ☐ ☐
☒ ☐ ☐

Comments:

3. Does the project understand that they report Section 1512(c) information to Cal EMA and not to FederalReporting.gov directly?
- ☐ Report the total number of hours worked for each ARRA funded position on the Jobs Data Collection Sheet; and
- ☐ Completed Jobs Data Collection Sheets are due to Cal EMA by the 3rd working day of each month for JAG funded programs and by the 10th day of the each month for VOCA or VAWA funded programs.
- ☐ Failure to submit Jobs Data by the due date could result in the project's award being suspended and/or revoked.

☒ ☐ ☐
☒ ☐ ☐
☒ ☐ ☐
☒ ☐ ☐

Comments:

4. Does the project understand that by accepting the grant award, they agreed to:

- ☐ Track, account for, and report on all ARRA funds (including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including Cal EMA award funds from non-ARRA awards awarded for the same or similar purposes or programs. (ARRA funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of ARRA funds must be separate.); and
- ☐ Accounting systems must ensure that ARRA funds are not commingled with funds from any other source.

☒ ☐ ☐
☒ ☐ ☐

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

Grant Number: ZO09 01 0180

Comments:

5. Is the project familiar with Office of Management and Budget, OMB Circulars which govern their organization? Circulars may be found at www.whitehouse.gov/omb/circulars.

☒ ☐ ☐

Comments:

6. Is the project aware that potential fraud, waste, or abuse must be promptly referred to the federal Department of Justice, Office of the Inspector General? Additional information is available from the DOJ OIG website at www.usdoj.gov/oig.

☒ ☐ ☐

Comments:

7. Is the project aware that ARRA funds cannot be used by any State or local government, or any private entity, for construction costs or any other support of any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool.

☒ ☐ ☐

Comments:

8. Does the project understand that by accepting the grant award, they:

- Agreed to provide Cal EMA, federal DOJ (including OJP and the Office of the Inspector General (OIG)), and its representatives, and the Government Accountability Office (GAO), access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to ARRA funds, including such records of any sub-recipient, contractor, or subcontractor; and
- Acknowledges that Cal EMA, federal DOJ and the GAO are authorized to interview any officer or employee of the recipient (or of any sub-recipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award.

☒ ☐ ☐

☒ ☐ ☐

Comments:

9. For existing staff positions, does the project have documentation that the position would have been eliminated if not for Recovery Act

☒ ☐ ☐

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

Grant Number: ZO09 01 0180

funding?

Documentation may include:

- Budget comparisons and/or projections before and after the Recovery Act award date
- Formal layoff recommendations and retractions (memos, reports) or
- Minutes of formal meetings where official budget decisions were made.

Comments:

10. Is the project aware of the Performance Measures and reporting timeline for ARRA funded programs:

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| ○ Reporting of Performance Measures will be accomplished using BJA's Performance Measurement Tool (PMT); | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ PMT reports must be completed on a quarterly basis (i.e., July 15, October 15, January 15, and April 15) for the life of the grant; and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Failure to submit PMT reports by the due date could result in the project's award being suspended and/or revoked. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Specific to Recovery JAG funded programs only).

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

Grant Number: ZO09 01 0180

SECTION IV – ADDITIONAL COMMENTS:

NOTES:

On 9/15/10, I met with project staff to discuss project activities. I also went to the Human Resources Department and met briefly with the County Personnel Director, Nichole Berry, and Kearstin Anderson, the Personnel Assistant. After a review of a representative personnel file, we discussed EEO policies and I was informed that these would be sent to me.

Project staff are knowledgeable about grant requirements and reporting. There were manual and electronic systems in place to capture statistical and fiscal data.

As a result of the site visit, I noted the following items needed to complete the grant file.

Cal EMA Modification (2-223)

A modification must be submitted to change the address of the project. The Project Contact Information should also be updated. I requested that this information be submitted within 30 days of the date of this report.

Project Expenditures

The approved budget pages cover an 18 month period. The grant period, 10/1/09 to 3/31/11, is for a 16 month period. As the project end date cannot be extended beyond 3/31/11, a 2-223 must be submitted with corrected budget pages.

Objective 1 refers to an 18 month funding cycle. This must be revised to reflect the grant period.

Objective 1 indicates the length of treatment is from 90 days to 12 months. I was advised by project staff that the treatment length could be as long as 18 months. If a longer time frame is needed for treatment services, the project may wish to submit a 2-223. For grant purposes treatment services can only be reimbursed until 3/31/11.

Operational Agreements

The operation agreement submitted does not appear to relate to these grant activities. The grant recipient must submit an appropriate Operational Agreement within 30 days of the date of this report.

Project Contact

The CalEMA Program Specialist for this project is Gina Madlangbayan-Bautista at (916) 324-9105. All requested information should be sent to her attention.